Draft Minutes of Meeting - Subject to Change Upon Approval by the Southern Nevada Injury Prevention Partnership Committee at their next regularly scheduled meeting



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM (EMSTS) DIVISION OF COMMUNITY HEALTH SOUTHERN NEVADA INJURY PREVENTION PARTNERSHIP

October 17, 2016 - 10:00 A.M.

MEMBERS PRESENT

Dineen McSwain, RN, UMC, Acting Chairman Linda Kalekas, RN, Clark County School District Kathryn Barker, SNHD, Epidemiology (Alt.) Julie Gallagher, NV Office of Traffic Safety Laura Gryder, CTSR-UNSOM Jessica Johnson, SNHD, OCDPHP (Alt.)

MEMBERS ABSENT

Andrew Eisen, MD, Touro University Jeanne Marsala, RN, Safe Kids Clark County Holly Lyman, St Rose-Dominican Hospitals Traci Pearl, NV Office of Traffic Safety Ying Zhang, PhD, SNHD, Epidemiology Kathryn Hooper, Henderson Fire Dept. Tara Phebus, MA, NICRP-UNLV Nancy Menzel, UNLV- SON Dorothy Pewitt, NV Office of Traffic Safety Erin Breen, UNLV

SNHD STAFF PRESENT

Gerry Julian, EMS Field Rep

Judy Tabat, Recording Secretary

CALL TO ORDER - NOTICE OF POSTING

The Southern Nevada Injury Prevention Partnership convened in the Calico Hills Conference Room at the Southern Nevada Health District (SNHD), located at 280 S. Decatur Boulevard, on October 17, 2016. Acting Chairman Dineen McSwain called the meeting to order at 10:15 a.m. and the Affidavit of Posting was noted in accordance with the Nevada Open Meeting Law. Acting Chairman McSwain noted that a quorum was not present.

- **I. PUBLIC COMMENT:** A period devoted to comments by the general public about those items appearing on the Agenda. Comments will be limited to five (5) minutes per speaker. Please step up to the speaker's podium, clearly state your name and address, and spell your last name for the record. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chairman or the Board of majority vote.
 - Acting Chairman McSwain asked if anyone wished to address the Committee pertaining to items listed on the Agenda. Seeing no one, she closed the Public Comment portion of the meeting.
- **II.** <u>CONSENT AGENDA:</u> Items for action to be considered by the Southern Nevada District Board of Health which may be enacted by one motion. Any item may be discussed separately per Board

Member request before action. Any exceptions to the Consent Agenda must be stated prior to approval.

- A. Approve Minutes/Southern Nevada Injury Prevention Partnership: 04/11/2016
- B. Approve Minutes/Southern Nevada Injury Prevention Partnership: 07/11/2016

Acting Chairman McSwain stated that the minutes could not be approved without a quorum.

III. REPORT/DISCUSSION/POSSIBLE ACTION

A. Nominations for Chairman and Vice Chairman

Tabled

B. Update on Trends in Non-accidental Trauma

Ms. McSwain reported that she participated in a meeting by teleconference for a taskforce on child sexual abuse. The purpose of this taskforce was to give them a better understanding on what is seen when a child comes through the emergency room, how they are identified, what actions are taken, and if surgical intervention is needed how that is approached. She added that they will use information that they gather to move forward with legislative initiatives.

She also stated that non-accidental trauma in her facility has seen a steady increase in the last 3 years. She added that she will be gearing her efforts in prevention and outreach and look to see where she can go and speak and provide education.

Ms. Gryder mentioned that some news articles she has read have talked about non-violent crime prisoners being released from California and how they have spread out throughout the southwest. She questioned if the increase in crime in Southern Nevada might be related.

Ms. McSwain replied that they haven't been able to tie the non-accidental trauma cases that come through her facility to any one group.

C. Review of Nevada Highway Patrol (NHP) "Form 5" Traffic Report

Ms. Gallagher reported that every couple of years they have a Traffic Records Committee that is required by the National Highway Traffic Safety Administration (NHTSA). Certain people within that group and within their stakeholders are put on a committee called MMUCC (Model Minimum Uniform Crash Criteria). The Model Minimum Uniform Crash Criteria Guideline (MMUCC) is a minimum, standardized data set for describing motor vehicle crashes and the vehicles, persons and environment involved. The Guideline is designed to generate the information necessary to improve highway safety within each state and nationally. It was discussed at previous SNIPP meeting that the Fatality Analysis Reporting System (FARS) data doesn't delineate school zone as a separate variable. Ms. Gallagher noted that she was part of the committee and she made the recommendation for those revisions. The Office of Traffic Safety (OTS) recently reviewed their State of Nevada Traffic Accident Report (Form 5) and made those updates.

She referred to the State of Nevada Traffic Crash Report that she handed out and went through the fields and information collected during an accident. She noted that there were several additions added to this form:

• Scene Information Sheet in the "Occurred On:" box they added Parking lot and Active School Zone.

- Non-Motorist Information Sheet in the "Non-Motorist Action" box, they added "Going to/from K-12" and "Approaching/Leaving".
- Non-Motorist Information Sheet in the "Location Prior to Impact" box, they added "Ped Safety Zone".

She stated that these new fields are elements that they will be able to capture in the future. The Department of Transportation (NDOT) has the injury and property crash information data if needed.

The second handout is the weekly report that compares how many fatalities there have been compared to last year. It breaks it down by month, date and by county.

Ms. Gryder questioned the drug and alcohol variables with regard to drug testing drivers involved in a crash when an officer suspects something.

Ms. Gallagher explained that the officer has to have probable cause and reasonable suspicion. NRS mandates that those that die in a crash are all tested. For surviving drivers, if they suspect alcohol, the labs do not automatically test for drugs unless the officer specifically states to and even then if the blood alcohol content (BAC) is over 1.4 they don't because a DUI is a DUI. The officer really has to specify that he wants drug testing because of the cost. She felt that with the numbers continuing to rise for those that are impaired by drugs more so than alcohol or for both drugs and alcohol it would be important to have that breakdown of those numbers for statistics especially with the marijuana coming on the ballet.

Mr. Julian questioned if an officer obviously suspects alcohol, but he believes that drugs could be involved as well, is he generally just going to cite for the alcohol, and not investigate into the drugs. Ms. Gallagher replied that he will ask for both and then usually the lab makes the determination.

Ms. McSwain asked if the labs have an identified number for THC impairment.

Ms. Gallagher stated that each lab is different but for marijuana it is usually 2 nanograms and 5 nanograms with blood and urine.

Ms. McSwain questioned if the state has a defined number for THC impairment especially with the use of the medical marijuana cards. Ms. Gallagher stated that she didn't know but could try and find out. It was noted that Colorado has come out with several studies trying to address the issues of impairment.

Ms. Gallagher stated that is one of the reasons why NHTSA does not put captured drug numbers on their website because labs have different levels. She felt that will change in the future but she will check with the state to see if they have to have at least a certain threshold level and bring that information back to this committee.

Ms. Johnson questioned if she has any idea how many drivers are tested right now for alcohol. Ms. Gallagher stated that around 37% are tested for alcohol. She added that she didn't have the numbers for drugs.

D. <u>Discuss Date for Next Meeting (January 23rd or January 30th) and Agenda Items</u>

Ms. McSwain asked that a doodle poll go out to the member asking which date works best along with stressing the importance of attending the next meeting.

IV. INFORMATIONAL ITEMS

Legislative Update

Tabled

Jessica Johnson introduced herself as the new Health Educator in the Office of Chronic Disease Prevention and Health Promotion working on injury prevention.

Gerry Julian introduced himself as the new representative from the Office of EMS & Trauma System for the SNIPP meeting.

Ms. Gallagher questioned if the EMS Office receives monthly reports on transport times to all the hospitals. Mr. Julian stated that the EMS Office does not but advised Firstwatch captures that information. Ms. McSwain advised Ms. Gallagher that the EMS & Trauma System Office does collect Trauma Field Triage Criteria (TFTC) data which includes that information but only for the trauma hospitals and suggested she contact the Fire Alarm Office at Las Vegas Fire & Rescue.

V. <u>PUBLIC COMMENT:</u> A period devoted to comments by the general public, if any, and discussions of those comments, about matters relevant to the Committee's jurisdiction will be held. No action may be taken upon a matter raised under this item of this Agenda until the matter itself has been specifically included on an agenda as an item upon which action may be taken pursuant to NRS 241.020. Comments will be limited to five (5) minutes per speaker. Please step up to the speaker's podium, clearly state your name and address, and spell you last name for the record. If any member of the Committee wishes to extend the length of a presentation, this may be done by the Chairman or the Community by majority vote.

Acting Chairman McSwain asked if anyone wished to address the Committee. Seeing no one, she closed the Public Comment portion of the meeting.

VI. ADJOURNMENT

As there was no further business on the agenda, Ms. McSwain adjourned the meeting at 10:46 a.m.